

Affidavit

Exemption

PROPERTY

Owner		Telephone	
Address:		City, ST, Zip Code:	
Acreage:		NOTE: Property must be 2 acres or more having a single Individual On-site Wastewater Disposal System on a single tract of land for the Certified Installer to use this form	

TREATMENT

Type:	
-------	--

DISPOSAL

Type:	
-------	--

SKETCH (Show ALL measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc.)

--

ATTESTATION

As a Certified Installer, licensed with the State of Mississippi, I attest that the following requirements for the above referenced property are met: (a) All wastewater is contained on the lot or tract and (b) No "water course" of Mississippi or the United States is impacted.

Also, I understand if an Advanced Treatment System (ATS) was installed on the above referenced property, I must complete and submit the Manufacturer's Warranty Registration Card to the registered Manufacturer that is Certified by the Mississippi State Department of Health, distribute a copy of the Home Owner's manual and perform routine maintenance inspections for a two (2) year period after the initial installation.

Print name: _____ License Number: **CI** - _____

Signature : _____ Date of installation _____

Affidavit

Exemption Form 923 E

PURPOSE

To provide the Mississippi State Department of Health with a record that the lot/tract is two (2) acres or larger and is exempt from the requirements of Final Approval, provided that all the wastewater is contained on the lot or tract and no water course is impacted.

INSTRUCTIONS

This form must be completed by a Certified Installer who is currently licensed in the State of Mississippi. All applicable items must be completed, indicated accurately and legibly. If any section is incomplete, this form will be returned to the Certified Installer.

Property

1. Owner – Enter the name of the property owner(s)
2. Telephone – Enter the telephone number for the property owner(s)
3. Address – Enter address (highway or county road) including number, if available
4. City, ST, Zip Code – Enter the City, State and Zip Code
5. Acreage – Enter property size, if two (2) acres or more

Treatment

6. Type – Indicate what type of “registered” product you installed as the treatment portion of the Individual On-site Wastewater Disposal System

Disposal

7. Type – Indicate what type of “registered” product, aggregate, or secondary disposal option you installed as disposal portion of the Individual On-site Wastewater Disposal System

Sketch

8. Sketch the Individual On-site Wastewater Disposal System installed, showing all measurements of dwelling and system to property lines, well, driveway, swimming pool, pond, shed/shop, etc., and any other necessary information. The sketch must be as accurate as possible, indicating measurements from at least two (2) points on the property

Attestation

9. Print name – Print name on line indicated
10. License Number – Enter the certification number from certificate
11. Signature – Sign name of the Certified Installer
12. Date of Installation – Enter date the Individual On-site Wastewater Disposal System is installed

OFFICE MECHANICS AND FILING

The Environmentalist must print 2 copies. One will be signed by the Environmentalist to be mailed or picked up by the Applicant and the unsigned copy will be retained in the Applicant’s file.

RETENTION PERIOD

Signed copy has no retention time.

Copy unsigned in the file shall be retained for 3 years or until audited.